

**Excellence in Employment**  
**Workforce Excellence Award PY 2003 Nomination Form**

Please check ONE category: ☐ Leadership ☐ Innovation

Nominee Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Please include a brief description (no more than two single spaced typed pages) to support the nomination with pertinent background information. The following types of information may be included:

- Explain how the nominee has demonstrated a commitment to Missouri's workforce.
- Describe how the nominee has provided strategies, direction and high performance expectation to enhance employment services to customers.
- Provide examples of how the nominee has shown leadership that has provided direction, guidance, and motivation that has benefited job seekers, workers, the business community, educational agencies, or workforce development programs.
- Include innovative approaches used to enhance employment in Missouri by recruiting, hiring, training, job analysis, current worker development, worker retention, integration of Career Center services, childcare, and community and business involvement.

*All information included in the nomination must be reviewed for accuracy with the nominee.*

**RELEASE OF INFORMATION**

I hereby consent to allow the Department of Economic Development, Division of Workforce Development, and its agents to take and utilize photographs and/or recordings (audio, video, film) without further consideration or compensation for the purposes of illustration, broadcast, or distribution. By signing below I authorize the release of any and all information regarding the nomination information for use by the program operator, Workforce Investment Board, Division of Workforce Development and Department of Economic Development. I understand and agree that any publication or production of this information may be shown in whole or part to promote employment & training programs.

Signature of Nominee: \_\_\_\_\_  
Date

Staff Contact Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date

E-mail Address: \_\_\_\_\_ Region: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Signature of WIB Chair or Contact \_\_\_\_\_  
Date

